



VIRGINIA ENTERPRISE ZONE PROGRAM  
General Income Tax Credit Qualification Form

Form EZ-6N  
New Firms

Print on 8½" x 14" paper.  
Read Tax Credit Instruction Manual before completing this form.

PART I: BACKGROUND INFORMATION

1. Zone Name	Zone #	Zone Designation Date	Date Bus. began Operation in Zone (MM/DD/YYYY)	
2. Business Firm Legal Name		Trading Name, if Different than Legal Name		
3. Federal Employment ID# (FEIN)		Activity # (First three digits of the NAICS. See Instruction Manual.)		
4. Principal Mailing Address		City	State	Zip Code
5. Physical Address of Zone Establishment (if different from above)		City/County/Town		
6. Business Firm Contact Person	Title	Daytime Phone # ( )	E-mail Address	
7. If the Firm is a Subsidiary, Name of the Parent Company		Federal Employment ID# (FEIN) of Parent Company		

8. Check the type of New Business. (If a business completed a NEW FIRM form 6N in a previous year, it must continue to submit NEW FIRM 6N forms for each year of its ten-year qualification period.)
- ☐ Relocation from outside Virginia to zone
- ☐ Start-up business
- ☐ New facility established in zone by a Virginia firm
9. Check the type of Business Organization. (If "other," explain type.)
- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Corporation
- ☐ S Corporation
- ☐ Limited Liability Corporation
- ☐ Other:
10. Check the type of state tax that applies to this firm.
- ☐ Corporate Income Tax
- ☐ Franchise Tax on Net Capital
- ☐ Franchise Tax or License Tax on Gross Receipts
- ☐ Individual Income Tax

PART II: QUALIFICATION INFORMATION

1. This application is qualification year number (Check the appropriate #.): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
2. Qualification is requested for taxable year beginning (MM/DD/YYYY) and ending (MM/DD/YYYY)
3. Employment Test (Note: PFTE = Permanent full-time employee)
- A. Average # of PFTE who were employed by the firm in Virginia, OUTSIDE the zone PRIOR to the QUALIFICATION year.....

A. Average # of PFTE who were employed by the firm in Virginia, OUTSIDE the zone DURING the QUALIFICATION year.....

C. Average # of PFTE who were employed at the firm's ZONE ESTABLISHMENT DURING the QUALIFICATION year.....

D. Average # of NEW PFTE who meet the definition of low-income.....

E. Average # of NEW PFTE who are zone residents.....

F. Total # of NEW PFTE who are low-income or zone residents. Add lines (D) and (E). .....

G. Percentage of the increase in the average # of NEW PFTE who are low-income or zone residents. Divide line (F) by line (C) and multiply by 100. Round to the nearest whole percent. .... %
4. ACTUAL tax liability attributable to the conduct of trade or business within the enterprise zone. ....\$
5. If the business firm was involved in a negotiated general tax credit, enter the total amount negotiated. ....\$

Part III: DECLARATION

1. BUSINESS FIRM REPRESENTATIVE: I, the undersigned representative of the business firm for which this request is made, declare that this request has been examined by me and is, to the best of my knowledge, an accurate statement. I am authorized to sign on behalf of the applicant.

Signature	Typed or Printed Name	Title	Date
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2. CERTIFIED PUBLIC ACCOUNTANT: I, the undersigned, declare that this form has been prepared by me and is, to the best of my knowledge, an accurate statement; I further affirm that this business firm meets the requirements for becoming a qualified firm as set forth in the Rules and Regulations of the Virginia Enterprise Zone Program and that the establishment listed in Part I, Item 2 is located within the boundaries of the enterprise zone. I further affirm that I am licensed by the Commonwealth of Virginia and I am not an employee of the business firm which is seeking to qualify for State tax incentives under this Program.

Signature of CPA		Typed or Printed Name		Date	
VA License #	Daytime Telephone Number ( )	E-mail address			
Accounting Firm		Address		City	State Zip

DHCD Use Only:	Date Received:	Number Assigned:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
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KEEP A COPY OF THIS FORM FOR YOUR RECORDS. Due date is May 1<sup>st</sup> of the calendar year subsequent to the taxable qualification year (Part II, Item 1). Send the original copy via United States Postal Service certified mail (postmarked no later than May 1<sup>st</sup>) or hand deliver by 5 p.m. May 1<sup>st</sup>, to the Virginia Department of Housing and Community Development, Enterprise Zone Program, 501 North Second Street, Richmond, VA 23219. (UPS, Fed Ex or other delivery services are considered hand delivery and must arrive at DHCD before 5 p.m., May 1<sup>st</sup>.) Late applications are handled on a first come, first served basis, and may only receive tax credits if an outstanding tax credit balance for the program remains for that year.